



74650
12-0305

PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. § 1.136(a)		Atty. Docket No. 99-31																							
Inventor(s): SCARBERRY																									
Appln. No.: 09/924,869		Conf. No.: 2885																							
Filed: August 8, 2001																									
Title: PNEUMATIC RELEASE MECHANISM FOR A PATIENT CONTACTING ARTICLE																									
Examiner: Pham, H.		Group Art Unit: 3764																							
Express Mail Label No. (if applicable): EV 196252385 US																									
<p>This is a request under the provisions of 37 C.F.R. § 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee from the original due date of <u>November 5, 2003</u> are as follows:</p> <p>(check time period desired)</p> <table><tr><td><input checked="" type="checkbox"/></td><td>One month - 37 C.F.R. § 1.17(a)(1)</td><td>\$ <u>110.00</u></td></tr><tr><td><input type="checkbox"/></td><td>Two months - 37 C.F.R. § 1.17(a)(2)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/></td><td>Three months - 37 C.F.R. § 1.17(a)(3)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/></td><td>Four months - 37 C.F.R. § 1.17(a)(4)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/></td><td>Five months - 37 C.F.R. § 1.17(a)(5)</td><td>\$ _____</td></tr></table> <p>Less the previous extension fee of \$ _____ paid in papers dated _____, which were filed in the present application subsequent to the original due date.</p> <table><tr><td><input checked="" type="checkbox"/></td><td>Fee Transmittal Form Attached. (Submit original and a duplicate for fee processing)</td></tr><tr><td><input type="checkbox"/></td><td>A check covering the amount due of \$ _____ is enclosed (check no. _____).</td></tr><tr><td><input checked="" type="checkbox"/></td><td>The Commissioner has already been authorized to charge fees in this application to Deposit Account No. 50-0558.</td></tr><tr><td><input checked="" type="checkbox"/></td><td>The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0558. A duplicate copy of this sheet is enclosed.</td></tr></table> <p>I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent acting under 37 C.F.R. § 1.34(a), Registration No. 35,174</p> <p><u>December 5, 2003</u> Date</p> <p><u>Michael W. Haas</u> Signature</p> <p><u>Michael W. Haas</u> Typed Name</p>			<input checked="" type="checkbox"/>	One month - 37 C.F.R. § 1.17(a)(1)	\$ <u>110.00</u>	<input type="checkbox"/>	Two months - 37 C.F.R. § 1.17(a)(2)	\$ _____	<input type="checkbox"/>	Three months - 37 C.F.R. § 1.17(a)(3)	\$ _____	<input type="checkbox"/>	Four months - 37 C.F.R. § 1.17(a)(4)	\$ _____	<input type="checkbox"/>	Five months - 37 C.F.R. § 1.17(a)(5)	\$ _____	<input checked="" type="checkbox"/>	Fee Transmittal Form Attached. (Submit original and a duplicate for fee processing)	<input type="checkbox"/>	A check covering the amount due of \$ _____ is enclosed (check no. _____).	<input checked="" type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to Deposit Account No. 50-0558.	<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0558. A duplicate copy of this sheet is enclosed.
<input checked="" type="checkbox"/>	One month - 37 C.F.R. § 1.17(a)(1)	\$ <u>110.00</u>																							
<input type="checkbox"/>	Two months - 37 C.F.R. § 1.17(a)(2)	\$ _____																							
<input type="checkbox"/>	Three months - 37 C.F.R. § 1.17(a)(3)	\$ _____																							
<input type="checkbox"/>	Four months - 37 C.F.R. § 1.17(a)(4)	\$ _____																							
<input type="checkbox"/>	Five months - 37 C.F.R. § 1.17(a)(5)	\$ _____																							
<input checked="" type="checkbox"/>	Fee Transmittal Form Attached. (Submit original and a duplicate for fee processing)																								
<input type="checkbox"/>	A check covering the amount due of \$ _____ is enclosed (check no. _____).																								
<input checked="" type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to Deposit Account No. 50-0558.																								
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0558. A duplicate copy of this sheet is enclosed.																								

RECEIVED
DEC 11 2003
TECHNOLOGY CENTER R3700

12/10/2003 JDALINAN 00000083 500558 09924869

01 FC:1251 110.00 DA